

Community Pharmacy Safety in Practice (CP-SiP)

Change Package Clinical Module – Opioids 2018-19



Background

A key aim of the Safety in Practice programme is to work with Primary Health Care teams to reduce preventable patient harm from the care they receive. Adverse drug events (ADEs) are major causes of patient morbidity and mortality, and a source of significant costs for both organisations and patients.¹

A recently published article in The New Zealand Medical Journal indicated that of the top 10 medicines implicated in harm, opioids featured 5 times. Of the individual medicines, morphine caused 16% of harm, and other opioids (fentanyl, oxycodone, codeine and tramadol) account for 14%. Together opioids account for 30% of harm and are implicated in three of the most commonly reported harms which were identified as constipation, nausea/vomiting and delirium/confusion/over-sedation.¹

This clinical module focuses on the safe use of opioids including:

- Morphine
- Oxycodone
- Fentanyl
- Tramadol
- Codeine
- Dihydrocodeine

Note: opioid substitution therapy is not included for this data collection series, however appropriate education should be provided for any opioid dispensed.

Opioid analgesics share a similar adverse effect profile, although qualitative and quantitative differences exist. The incidence and severity of adverse effects in an individual patient are influenced by a number of pharmacogenetic, pharmacodynamic, and pharmacokinetic factors and therefore appropriate monitoring and adverse effect management is essential. Adverse effects may limit achievement of adequate pain control.²

Clinical module aim

By June 2019, all patients receiving prescribed opioids will receive education about the medicine at time of medicine collection. (ie codeine, dihydrocodeine, morphine, oxycodone, tramadol, fentanyl).

Measuring reliability of your care

Pharmacist Scope of Practice

According to The Pharmacy Council of New Zealand, “The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centered medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy”.³

Good medicines management and patient education are core responsibilities of pharmacy practice. In conjunction with a Pharmacy Expert Group, we have developed process and patient outcome measures that we believe represent best practice for opioid management and education, in a succinct manner.

These measures indicate expectations of best practice for ‘every patient, every time’, for those taking prescribed opioids.

It is best practice to document all interventions and recommendations made to evidence work that has been carried out. This is one way pharmacists can show all the work that they do, in line with Pharmacy Council of New Zealand Competence Standard O1.4.7. Therefore, the process measures relate to documented evidence that the best practice activities have been performed.

“Competence Standard O1.4.7

Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols.”

Process and patient outcome measures

The process measures assess whether there is documented evidence of the activity taking place. This information needs to be recorded in the patient file (Toniq or RxOne).

The patient outcome measures assess whether the patient has understood and can recall correctly the information provided.

To assess your processes, we require data from a random sample of 10 patients each month. We do not require NHI or patient identifiable data so please ensure it is anonymous.

- Please see Table 1 for further guidance regarding these measures
- These questions relate to the patient or carer as appropriate
- The target population for data collection is patients aged 18 years and over
- For prescriptions with repeats, data collection will focus on initial dispensing encounter
- Medicine refers to the opioid

Part 1: Process measures (every patient, every time)

1. Is there evidence the patient was informed how to use the medicine?

(eg long acting and/or short acting opioid, regular or PRN, frequency to take each medicine)

2a. Is there evidence the patient was informed about possible side effects? (eg nausea and vomiting, taking laxatives for constipation, drowsiness)

2b. If yes, is there evidence they were informed what to do?

3. Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation? (Leading to increased risk of falls, decreased alertness, drowsiness, increased risks with driving and operating machinery)

4. Is there evidence the patient was informed when to seek advice relating to alarm symptoms? (eg uncontrolled pain, severe constipation, extreme drowsiness, shortness of breath)

5. Is there evidence the patient was offered written information about their medicine? (eg Yellow Card, SafeRx® information sheet or Self Care card)

Part 2: Outcome measures (for 10 random patients)

Contact the 10 patients selected above and check understanding of the following:

6. Was the patient able to correctly describe (dose and frequency) how to use their medicine?

7. Was the patient able to identify a possible side effect of their medicine?

8. Was the patient able to identify who to ask for help with their medicines?

Table 1: Measures and rationale

Is there documented evidence that the patient has received the following care the last time they had their opioid dispensed (initial dispensing)?

Please note: these questions relate to the patient or carer as applicable.

#	Process measure	Rationale
1.	<p>Is there evidence the patient was informed how to use the medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Does the patient know if they should take their medicines regularly or as required?</p> <p>Do they know how to use breakthrough doses?</p> <p>Do they know to record any breakthrough doses used?</p>
2.	<p>a) Is there evidence the patient was informed about possible side effects?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) If yes, is there evidence they were informed what to do?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>Nausea and vomiting:</u> Has an antiemetic been prescribed? If not, ask if they have been experiencing any nausea. (routine use of an antiemetic with opioids is no longer recommended unless the patient is experiencing nausea or vomiting.) If it is the first time an opioid has been prescribed, antiemetics may be required in the first week; nausea and vomiting usually lessens with continued opioid use <u>Prochlorperazine</u> is generally preferred over metoclopramide due to the prokinetic effect of metoclopramide.</p> <p><u>Constipation:</u> Have laxatives been prescribed? If not, contact the GP to prescribe, or offer OTC options. Laxatives are recommended as soon as opioid treatment is started. Suggest softener and stimulant e.g Laxsol 1 to 2 tablets twice a day. Also recommend dietary advice such as increasing fibre and fluid intake.</p>
3.	<p>Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>These substances include the use of alcohol, the use of sedatives such as benzodiazepines or zopiclone, the use of tricyclic antidepressants and sedative antihistamines, and the combination of opioid medicines.</p> <p>Inform patient about the risk of falls, decreased alertness, drowsiness, and risks of driving and operating machinery. Drowsiness may affect performance of skilled tasks such as driving. Avoid driving at the start of therapy, and following dose changes until the effects are known.²</p>
4.	<p>Is there evidence the patient was informed when to seek advice relating to alarm symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Alarm symptoms include vomiting, over sedation, dizziness and uncontrolled pain.</p> <p>Note: sedation precedes respiratory depression.²</p> <p><u>Breakthrough pain:</u> Does the patient know what to do if their medicines are not providing enough pain relief or if they wear off before the next dose is due? It is best to use a short-acting form of the same medication at 1/6 of the total 24hour dose. (e.g. mEslon® 30mg twice daily, would require breakthrough of Sevredol® 10mg) check if this has been prescribed appropriately.</p>

5.	<p>Is there evidence the patient was offered written information about their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>To offer is to specifically ask if they would like to receive some written patient information. This could include:</p> <ul style="list-style-type: none"> • Yellow Card to clarify appropriate dosing and frequency • SafeRx® tramadol patient information sheet www.saferx.co.nz/tramadol-patient-guide.pdf • SafeRx® oxycodone patient information sheet www.saferx.co.nz/Patient_info_oxycodone.pdf • Medsafe www.medsafe.govt.nz or NZF http://nzf.org.nz/ consumer medicines information leaflets • Self Care cards • Patient information available on www.healthnavigator.org.nz
<p align="center">Outcome Measures</p>		
<p>For this section, you need to check the understanding of 10 randomly selected patients who have been dispensed an opioid medicine. This can be either via follow up phone call or when they return for a repeat. Remember to use open questions and listen carefully to the answers from the patient.</p> <p>If you are unable to locate a patient note this in the data collection spreadsheet.</p>		
6.	<p>Was the patient able to correctly describe (dose and frequency) how to use their medicine?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><i>Do you know how to take your medicine?</i></p> <p>Answer guidance:</p> <ul style="list-style-type: none"> • Yes - if they could tell you how to correctly take their medicine • No - if they didn't know how correctly to take their medicine
7.	<p>Was the patient able to identify a possible side effect of their medicine?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><i>'Do you know any side effects that might happen?'</i></p> <p>This question is to assess whether the education provided to the patient was effective. Relying on spoken, and non-verbal cues such as the person saying 'yes' or nodding is not accurate.⁴</p>
8.	<p>Was the patient able to identify who to ask for help with their medicines?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>'Who would you ask for help if you are worried about your medicines or side effects?'</i></p> <p>It is important that the patient/carer is clear about what they should do if they experience a side effect.</p> <p>Appropriate answers may include examples such as: Pharmacist, Pharmacy staff member, Doctor, Nurse</p>

Randomising patients

For sample sizes up to 10

Audit all 10 patients.

For sample sizes of 11 - 28

1. Select a random number between 1 and 10 by picking pieces of paper out of a hat.
2. If you select an odd number audit every other patient starting at 1 e.g. 1st, 3rd, 5th, 7th etc. If you select an even number audit every other patient starting with the second patient eg 2nd, 4th, 6th, 8th etc.

For sample sizes 29+

1. Select a random number between 1 and 10 by picking pieces of paper out of a hat.
2. Audit every other patient starting at this number eg if 6 is drawn audit the 6th, 8th, 10th patient etc.

Data collection and submission

In order to assess your processes for opioid management and education, you will need to collect data from 10 random patients dispensed these medicine every month. As a team, you will then reflect on your results monthly and look for opportunities for improvement.

Note: We DO NOT require NHI or patient identifiable data, so please ensure it is anonymous.

1. When you receive a script for an opioid, go through the Process Measures for “Every patient, every time”.
2. Document the information in the patient file eg in Toniq as an intervention or in RxOne as an event audit so it can be found easily.

3. Data collection - at the end of the month:
 - a. Run a report on Toniq or RxOne for all opioids dispensed during the month.
 - b. From the report, randomly select 10 patients.
 - c. For the 10 patients, review their patient file for **documented** evidence that the Process Measures occurred. Record this on the spreadsheet.
 - d. Contact the 10 patients and go through the Outcome Measures with them - record results on spreadsheet.
 - e. Submit spreadsheet to audit@safetyinpractice.co.nz by the 10th of every month.

4. Discuss results with your team each month and look for opportunities for improvement (Change Ideas).
5. Test Change Ideas using Plan-Do-Study-Act (PDSA) cycles. Enter your PDSAs into the PDSA template in the spreadsheet (tab 6) to keep a record of changes that you have tried, and also update the PDSA log (tab 7).
6. Repeat the above processes every month.

- Refer to the Toniq or RxOne screenshots in appendix 2 and 3 for more guidance on selecting patients.
- Documented evidence is required for compliance to Process Measures - please tick ‘No’ on the spreadsheet if the information has not been documented in the patient file.
- Outcome measures require patient follow-up by phone call or when they return to collect a repeat. If you are unable to locate a patient phone number for one of the 10 sample patients, please note this in the data collection spreadsheet.

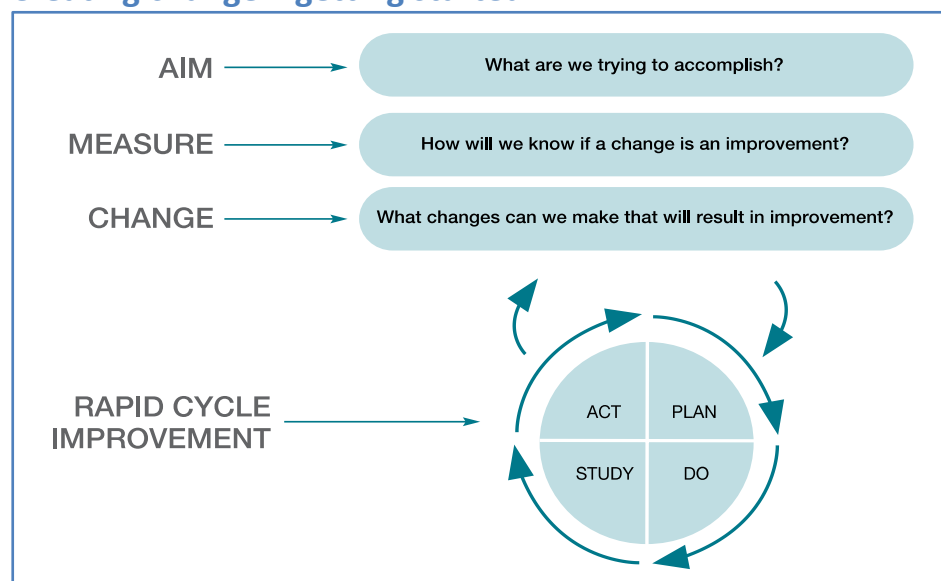
Please note: we expect low scores for the baseline August 2018 data, where interventions occurred prior to the Safety in Practice programme beginning, so do not worry.

Getting your team ready for Safety in Practice

Points to consider

- Read through this document so you are familiar with the content
- Identify responsible leads to drive the programme in your pharmacy
- Organise a staff meeting to talk about Safety in Practice and what is involved
- Develop a process or an SOP document for locums and new staff
- Decide on which patient resources your team would prefer to use and make sure they are readily available
- Think about how you could make this process a requirement for over-the-counter codeine-containing products
- Decide how you will document any interventions and discussions with prescribers
- Decide how to document patient education on the patient file
- Discuss how to select the 10 patients per month for data collection (Refer to the Toniq and RxOne screen shots attached for more details)
- Decide who will be responsible for completing the data collection sheet and submitting data
- Engage with your GPs regarding the CP SiP programme and discuss opioid prescribing and the resources you will be using
- Display posters in the pharmacy so patients are aware that you are a 'Safety in Practice' pharmacy

Creating change – getting started



Before you start your plan phase:

- Bring together your team – these people will work with you to plan and carry out the test of change
- Select the process you wish to change

As a team answer the 3 questions above:

1. What are we trying to accomplish? (write an objective for this PDSA cycle)
2. How will we know if a change is an improvement?
3. What changes can we make that will result in improvement?

Plan stage

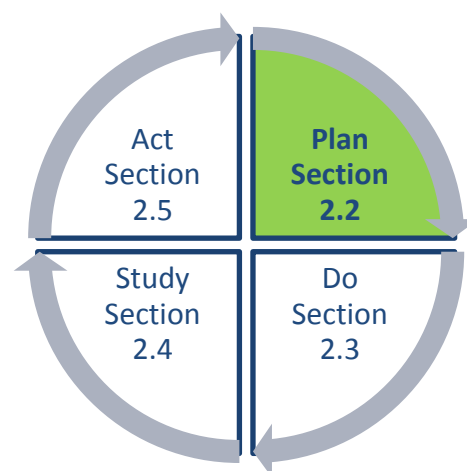
Plan how the changes will happen – ask yourselves and write down the following:

- What will we do?
- Who will carry out the plan?
- When will it take place?
- Where will it happen?
- What data and information will we collect ie what will help us determine if the change is an improvement?
- Do we need training or materials?

Make predictions –what do you think will happen when you test the change and why?

Ask yourself:

- What do we hope to learn by testing the change?
- What will happen when we test the change?
- How will the change be carried out?



Change Idea examples

General	<ul style="list-style-type: none"> • Discuss results of baseline data collection together and include SiP as a regular agenda item at team meetings • Arrange education session for pharmacy team about opioids and patient education
Clinical processes	<ul style="list-style-type: none"> • As a team, identify barriers that will prevent you from providing education to patients and look for ways of addressing them
Documentation	<ul style="list-style-type: none"> • See Toniq and RxOne screen shots for examples of measures templates
Discussion with patient	<ul style="list-style-type: none"> • Create prompt card for education points • Optimise use of Self Care Cards • Utilise SafeRx® patient information leaflets • Arrange education session for pharmacy team about pain management, opioids and adverse effects • Provide information to patients about their opioid eg See www.healthnavigator.org.nz and www.saferx.co.nz for resources

Previous teams' experiences

Benefits

- Confidence within the team that patient education is taking place
- Good conversations with patients
- Improved concordance and understanding of medication and possible side effects
- Good staff buy in to process.

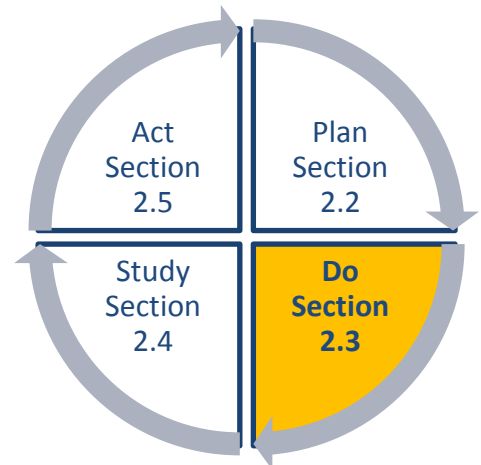
Challenges

- Time commitment required – no easier way out
- Frequent reinforcement needed to effect change
- Took time to effect change
- Contacting patients afterwards and thinking about how to best approach the conversation.

- Some pharmacies found a scripted conversation useful for when they had to call patients e.g.
"We are trying to improve the service we provide to our patients. You received a (x) prescription from us this month, is it ok if we asked you 3 questions about this? It should only take 2 minutes".

Do

- Prepare to test; gather resources
- Try out your change idea – it is usually best to try it out on a small sample or area of your practice. Starting on a small scale might mean 1 or 2 patients – that way if it doesn't work it is easier to remove the step or process
- While you are testing keep track of what happens in real time – don't wait to write it up



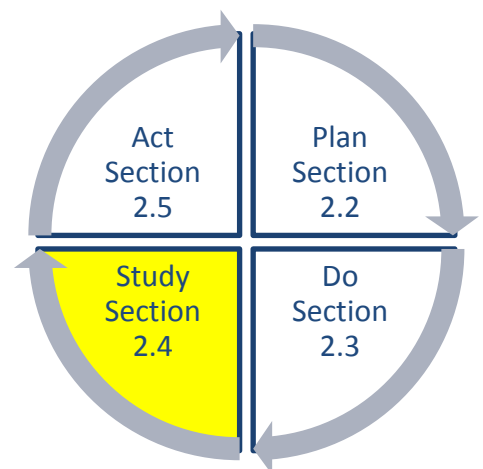
Study

Complete the analysis of the data.

Ask yourself:

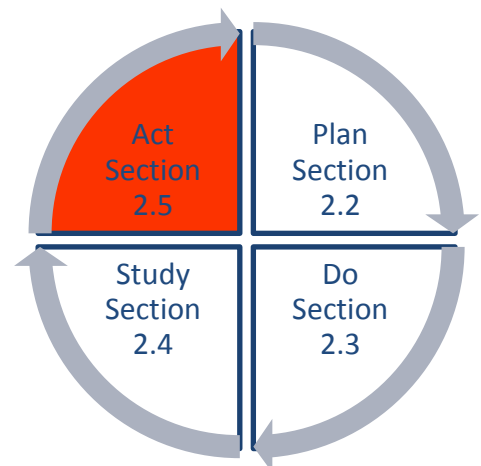
- What has changed?
- Who was affected?
- Are the effects positive or negative?
- Are they worth keeping or removing, adapting or developing?

Compare the data to your predictions.



Act

- Summarise and reflect on what was learned.
- Refine the change based on what was learned.
- Are you going to adopt the change, adapt and retest, or abandon?
- Prepare a plan for your next PDSA cycle – back to the Plan step for your next cycle!



Resources

- SafeRx® tramadol patient information sheet www.saferx.co.nz/tramadol-patient-guide.pdf
- SafeRx® oxycodone patient information sheet www.saferx.co.nz/Patient_info_oxycodone.pdf
- Medsafe www.medsafe.govt.nz consumer medicines information leaflets
- NZF <http://nzf.org.nz/> consumer medicines information leaflets
- Health Navigator www.healthnavigator.org.nz health resources for patients and health professionals

References

1. Robb, G, Loe E, Maharaj A et al. Medication-related patient harm in New Zealand hospitals. New Zealand Medical Journal 2017;130(1460):21-32 www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1460-11-august-2017/7328 (Accessed 17-08-18)
2. The New Zealand Formulary. 4.7.2 Opioid analgesics. http://nzf.org.nz/nzf_2456#nzf_70416 (Accessed 17-08-18)
3. Pharmacy Council of New Zealand. Scope of Practice. www.pharmacycouncil.org.nz/Pharmacists-wanting-to-register-in-New-Zealand/Qualifications-and-training/Scopes-of-Practice (Accessed 17-08-18)
4. Health Quality & Safety Commission. Three steps to better health literacy – a guide for health professionals. www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf (Accessed 17-08-18)

Appendix 1: Measures template

Feel free to adapt for use in your pharmacy

Community pharmacy Safety in Practice – opioid checklist

Patient NHI/Name	Date
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Process measures	<p>1. Is there evidence the patient was informed how to use the medicine? (eg long acting and/or short acting opioid, regular or PRN, frequency to take each medicine)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>2. a) Is there evidence the patient was informed about possible side effects? (eg nausea and vomiting, taking laxatives for constipation, drowsiness)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) If yes, is there evidence they were informed what to do?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
	<p>3. Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation? (eg risk of falls, decreased alertness, drowsiness, risks with driving and operating machinery)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>4. Is there evidence the patient was informed when to seek advice relating to alarm symptoms? (e.g. uncontrolled pain, severe constipation, drowsiness, shortness of breath)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>5. Is there evidence the patient was offered written information about the medicine? (eg Yellow Card, SafeRx® information sheet or Self Care card)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Outcome measures	<p>6. Was the patient able to correctly describe (dose and frequency) how to use their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>7. Was the patient able to identify a possible side effect of their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>8. Was the patient able to identify who to ask for help with their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Appendix 2

To search for patients dispensed opioid analgesics in Toniq:

Go to 'Prescription Reports'

ESC	F1 Help	(RH) Menu	6054	Tue 12/09/2017 12:48pm	TONIQ	WIN
Staff	Toniq Library	Green Papers	Help Desk		Diary Tasks	About
F2	F3	F4	F5		F9	F10

Prescription reports

1. Repeats due
2. Prescription details
3. Owings
4. IMMP
5. Special authority expiry
6. Prescriptions held on file
7. A4 prescription summary

Staff Tasks

Late	Today	<5 days
1	0	2
1	0	0

Choose report name e.g. 'opioid analgesics'

ESC	F1 Help	(RH) Select Prescription details	6054	Tue 12/09/2017 12:48pm	TONIQ	WIN
	Add		Show Hidden			
	F3		F7			

Enter search criteria and/or press ENTER for a list of prescriptions

Type in name of your report

ESC	F1 Help	(RH) Select Prescription details	6054	Tue 12/09/2017 01:42pm	TORUQ	WIN
	Add		Show Hidden			
	F3		F7			

opioids

Criteria Name

opioids

opioids

Enter search criteria and/or press ENTER for a list of prescription details

ESC	F1 Help	(RH) Edit Prescription details Pg1	6054	Tue 12/09/2017 01:42pm	TORUQ	WIN
	Date Range	No Pat. Details	Other	Next Page	Accept Details	
	F3	F8	F10	F11	F12	

Prescription details report options

Report name: **opioids** Start date: 01/08/17 00:00 End date: 31/08/17 23:59

Select medicine: Medicine notes:

Select mixture: Patient age: From To At Rx date: ☐

Select prescriber: Professional group:

Select patient: Patient notes:

Institution: Patient address:

Institution group: Exclude: ☐ Dispensing staff:

Rx codes: Excl. Rx codes: Rx notes:

Medicine class: Excl. class: Hospital Category: Any Rx note: ☐

Stock points:

Therapeutic group: **Nervous System/Analgesics/Opioid Analgesics**

Patient condition: Entry Date: / /

Show patient name ☒ Reverse Order ☐ Include Prices ☐ Include dispensing staff ☐

Include New Rxs ☒ Show patient address ☒ Include Rx Notes/comment ☐ Show Rx repository details ☐

Include Repeats ☒ Show NHI number ☒ Include dose/freq/contract ☒ Outstanding Tel. Rxs Only ☐

Patient Name order ☐ Show patient phone no. ☒ Include prescriber details ☐ Outstanding Fax Rxs Only ☐

Medicine order ☐ Show patient birth date ☒ Show spec rec details ☐ Outstanding Ref. Rxs Only ☐

Rx number order ☒ Include Directions ☒ Show E script source details ☐ Disp Freq Trial only ☐

Enter the name for the report criteria.

Include date range

Type in therapeutic group

Tick appropriate criteria

Enter F12 to accept details

ESC F1 Help (RH) Print 6054 Tue 12/09/2017 12:52pm TORIQ WIN

Pdf File Csv File File View Scrns View Pages Print

F4 F5 F7 F9 F10 F12

Report

Prescription details

Title Prescription details report

Printer

Type KyoceraA4

Name KyoceraA4

Font

Left 0

Top 0

Width 0

Height 0

File

Name C:\Toniq Users\Reports\Report.txt

Append ☐

Csv

Name C:\Toniq Users\Exports\Export.csv

Pdf

Name C:\Toniq Users\Pdfs\Report.pdf

Status

0%



Click on CSV file, F5

You can export to excel

A1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Rx number	Repeat	Date time	Repeat co	Repeats	Is Repeat	expiry date	Inactive d	Tx/Fx	Code	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Patient ID	Patient Iq
1	493996	3	1/08/2017 13:00	2			22/08/2017 0:00			A4									
2	494341	2	15/08/2017 15:53	2			24/08/2017 0:00			A4									
3	494475	3	5/08/2017 11:23	2			27/08/2017 0:00			A4									
4	495745	3	21/08/2017 11:06	2			4/09/2017 0:00			X4									
5	495844	2	11/08/2017 11:27	2			5/09/2017 0:00			A4									
6	495928	3	5/08/2017 9:55	2			5/09/2017 0:00		T	X4									
7	496017	3	3/08/2017 17:03	2			6/09/2017 0:00			A4									
8	496018	3	3/08/2017 17:03	2			6/09/2017 0:00			A4									
9	496265	2	4/08/2017 13:34	2			7/09/2017 0:00			A4									
10	496266	2	4/08/2017 13:34	2			7/09/2017 0:00			A4									
11	496301	2	31/08/2017 16:46	2			7/09/2017 0:00			A4									
12	496346	3	21/08/2017 8:46	2			7/09/2017 0:00			X4									
13	496347	3	21/08/2017 8:46	2			7/09/2017 0:00			X4									
14	496613	3	7/08/2017 12:25	2			10/09/2017 0:00			X1									
15	496729	3	9/08/2017 11:42	2			11/09/2017 0:00			X4									
16	496987	3	10/08/2017 9:11	2			12/09/2017 0:00			X4									
17	498231	3	16/08/2017 13:56	2			20/09/2017 0:00			A4									
18	498261	3	22/08/2017 12:00	2			20/09/2017 0:00			A4									
19	498297	2	1/08/2017 14:13	2			20/09/2017 0:00			A4									
20	498297	3	28/08/2017 11:02	2			20/09/2017 0:00			A4									
21	498298	2	1/08/2017 14:13	2			20/09/2017 0:00			A4									
22	498298	3	28/08/2017 11:02	2			20/09/2017 0:00			A4									
23	498316	2	3/08/2017 12:00	2			20/09/2017 0:00			X4									
24	498441	2	4/08/2017 12:14	2			21/09/2017 0:00			A4									

All prescriptions for opioid analgesics will appear (including combination products). Then randomly select 10 patients who have been prescribed opioids (or opioid combination products) during that month.

After you have selected the 10, go into each of their files, and check the 'Intervention' section (or where you usually record interventions) to see if an intervention was documented.

During the course of this programme, if any interventions are made it is good practice to document them here so everyone can see what has happened. If you have another method of reliably documenting interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.

ESC	F1 Help	(RH) Add Intervention Pg1	6054	Tue 12/09/2017 01:02pm	TORIQ	WIN
Edit Note	Change Date	Goto Time	Reason Code	Action Code	Outcome Code	Print
F2	F3	F4	F6	F7	F8	F9
Intervention Description: Intervention Importance: Improve drug therapy Status: In progress Time taken: minutes Date/Time: 12/09/17 13:01						
Link to <input type="checkbox"/> Rx <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Prescriber <input type="checkbox"/> Medicine						
Script med:						
Reasons: Patient concern/question		Actions: Patient history reviewed		Outcomes: Patient educated/counselled		

Enter the total time take so far in minutes.

This section could also be used to record contacts with the patient and prescriber.

ESC	F1 Help	(RH) New Rx	6054	Tue 12/09/2017 01:43pm	TORIQ	WIN
Edit Patient	LTC/ Services	Ph/Fax Refer	Use History	Dose Pack	Supply Option	Use Log
F2	F3	F4	F5	F6	F7	F8
Patient/ Rx	Select option S Patient Services L LTC Details C Conditions P CCMS Portal O Open Patient Diary T Task U Use Diary Template 1 QuickNote - Face To Face Meeting 2 QuickNote - Phone Call - Spoke to Patient 3 QuickNote - Phone Call - Unavailable 4 QuickNote - Hospital Visit 5 QuickNote - Reconciled medicines 6 QuickNote - Synchronised medicines 7 QuickNote - Returned medicines 8 QuickNote - Delivered medicines 9 QuickNote - Contact prescriber 0 QuickNote - Other					contract LTC score 21 = A10, L6, O5 taking medicines but picking up more than 80% tive impairment, LTC PF: unstable health status and/or Depression or Chronic Obstructive Pulmonary disease more
Rx code						
Prescribe						
Medicine						
Quantity						
Repeat						
Directions						
Rx Notes						
Diary items (active) linked to patient 4 historical notes 4 historical quick notes						

Appendix 3

To search for patients dispensed opioid analgesics in RxOne:

Go to 'Drug Usage' to create a 'Patient Drug Usage Report'.

Select start and end dates

RuOne Start Menu
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat List Report
- BSO/MPSO Report
- Missing Medication Report
- Med-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status
KeepSafe not set up.

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

Patient Drug Usage Report
Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification: [All]
Therapeutic Group: [All Therapeutic Group's]
Selected Therapeutic Group's: [None]
Select An Item From Above And Click On Add Selected Item to Add Item

Item Name: []
Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report Ver:3017.6.10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

**More Care
Better Business**

RuOne Start Menu
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat List Report
- BSO/MPSO Report
- Missing Medication Report
- Med-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status
KeepSafe not set up.

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

Patient Drug Usage Report
Script Details Extra Script Criteria Person Criteria **Prescription** Doctor Criteria

MS Classification: [Prescription]
Therapeutic Group: [All Therapeutic Group's]
Selected Therapeutic Group's: [None]
Select An Item From Above And Click On Add Selected Item to Add Item

Item Name: []
Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report Ver:3017.6.10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

**More Care
Better Business**

Go Back

Drug Disp History / MMP

Drugs Qwing

Stat List Report

BSOAPSO Report

Missing Medication Report

Med-Map Bulk Export

1Chart Bulk Export

KeepSafe Status

KeepSafe not set up.

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

KeepSafe

More Care
Better Business

9:05 AM
18/09/2017

Go Back

Drug Disp History / MMP

Drugs Qwing

Stat List Report

BSOAPSO Report

Missing Medication Report

Med-Map Bulk Export

1Chart Bulk Export

KeepSafe Status

KeepSafe not set up.

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

KeepSafe

More Care
Better Business

9:06 AM
18/09/2017

A report will be generated like this:

All prescriptions for opioid analgesics will appear (including combination products). Then randomly select 10 patients who have been prescribed opioids (or opioid combination products) during that month.

Patent Drug Usage Report For All Scripts/For All Scripts/Therapeutic Group Of Opioid Analgesics/MS Classification Of 'Prescription'/Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Script Number	Drug Dispensed	ExpandedSig	Date Dispensed	Person Name	Person Address	Dr. Name	Dr. Address
16179473	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required. ***MAY CAUSE DROWSINESS*** Maximum of 400mg per day between tramadol products	23/Aug/2017				
16230823	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets up to THREE times daily (every 4-6 hours) when required for pain. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	31/Aug/2017				
16249792	PARACETAMOL + CODEINE T (RELIEVE)	Take ONE or TWO tablets THREE or FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	25/Aug/2017				
16251543	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets THREE (3) times a day if required	02/Sep/2017				
16251550	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain. DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	02/Sep/2017				
16282793	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	06/Sep/2017				
16296612	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets THREE times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products	06/Sep/2017				
16305163	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily for pain	05/Sep/2017				
16307872	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain	23/Aug/2017				
16313803	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets up to FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	11/Sep/2017				
16323023	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required for pain	16/Sep/2017				
16323022	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required for pain	28/Aug/2017				
16328623	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain. ***MAY CAUSE DROWSINESS***	21/Aug/2017				
16343722	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain	25/Aug/2017				
16345312	TRAMADOL HCL 50MG C (ARW)	Take TWO capsules THREE times daily if required for pain	06/Sep/2017				
16349652	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules up to every 8 hours if required for strong pain. DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	13/Sep/2017				
16349651	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules up to every 8 hours if required for strong pain. DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	18/Aug/2017				
16351431	TRAMADOL HCL 150MG SR T (CS)	Take ONE tablet TWICE daily for severe pain. SWALLOW WHOLE. DO NOT CHEW	18/Aug/2017				
16351431	TRAMADOL HCL 150MG SR T (CS)	Take ONE tablet TWICE daily for severe pain	18/Aug/2017				

Can export to excel

Patent Drug Usage Report For All Scripts/For All Scripts/Therapeutic Group Of Oral Anticoagulants/MS Classification Of 'Prescription'/Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Export Format:
File to Export To:
Select file to export to:
Export All To Bulk Stock Edit
Export All To Mailing Labels
Email As CSV
Email As PDF
Email As XML

Export (Alt+E)
Export Selected Rows (Alt+S)
Save Options As Default For This Report (Alt+D)
Cancel (Alt+C)

Settings For Select
Field Name:
Export Column:
Script Number ☒
Drug Dispensed ☒
ExpandedSig ☒
Date Dispensed ☒
Person Name ☒
Person Address ☒
Dr. Name ☒
Dr. Address ☒
PrescriberID ☒

Select what you would like to export

After you have selected the 10, go into their files, and check the 'Events audit' section (or where you usually record interventions) to see if an intervention was documented. In the Events Audit section you can record face-to-face or phoned conversations, or insert comments.

During the course of this programme, if any interventions are made it is good practice to document them here so everyone can see what has happened. If you have another method of reliably documenting interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.